Ĺ

Revision: HCFA-PM-87-4 **MARCH 1987** 

(BERC)

OMB No. 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT Medical Assistance Program

State/Territory:

TABLE OF CONTENTS

SECTION	PAGE	HUMBERS
State Plan Submittal Statement		1
SECTION 1 - SINGLE STATE AGENCY ORGANIZATION		2
1.1 Designation and Authority		2
1.2 Organization for Administration		7
1.3 Statewide Operation		8
1.4 State Medical Care Advisory Committee		9

i

TN	No.	X11-4
Suj	pers	edes
T-83	Ma	

Approval Date 8/5/87 Refective Date \_

Revision: HCFA-PM-87-4 (BERC)

OMB No. 0938-0193

SECTION	PAGE PURBLES
SECTION 2 - COVERAGE AND ELIGIBILITY	10
2.1 Application, Determination of Eligibility and Furnishing Medicaid	10
2.2 Coverage and Conditions of Eligibility	12
2.3 Residence	13
2.4 Blindness	14
2.5 Disability	15
2.6 Financial Eligibility	16
2.7 Medicaid Furnished Out of State	18

ii

TH No. X1-4 Supersedes TN No.

Approval Date 8/5/87 Refective Date 1/1/87

Revision: HCFA-PM-87-4 (BERC) CMB No. 0938-0193

**MARCH 1987** 

1

SECTION						1	ACE	PURDERS
SECTION 3 - SERVICES: GENERAL PROVISIONS .			•	•	•	•		19
3.1 Amount, Duration, and Scope of Service	:08		•			•		19
3.2 Coordination of Medicaid with Medicar	e Part	<b>B</b> .	•		•	•		29
3.3 Medicaid for Individuals Age 65 or Ov in Institutions for Mental Diseases .								30
3.4 Special Requirements Applicable to Sterilization Procedures								31
3.5 Medicaid for Medicare Cost Sharing for Qualified Medicare Beneficiaries								31a
3.6 Ambulatory Prenatal Care for Pregnant during Presumptive Eligibility Period	1							31b

iii

TH No. X1-4		0/-/00		7//20
Supersedes TN No.	Approval Date	3/5/81	Effective Date	7/1/87

SECTION	PAGE NUMBERS
SECTION 4 - GENERAL PROGRAM ADMINISTRATION	32
4.1 Methods of Administration	32
4.2 Hearings for Applicants and Recipients	33
4.3 Safeguarding Information on Applicants and Recipients	34
4.4 Medicaid Quality Control	35
4.5 Medicaid Agency Fraud Detection and Investigation Program	36
4.6 Reports	37
4.7 Maintenance of Records	38
4.8 Availability of Agency Program Hanuals	39
4.9 Reporting Provider Payments to the Internal Revenue Service	40
4.10 Free Choice of Providers	41
4.11 Relations with Standard-Setting and Survey Agencies	42
4.12 Consultation to Medical Facilities	44
4.13 Required Provider Agreement	45
4.14 Utilization Control	46
4.15 Inspections of Care in Skilled Mursing and Intermediate Care Facilities and Institutions for Mental Diseases	51
4.16 Relations with State Health and Vocational Rehabilitation Agencies and Title V Grantees	52
4.17 Liens and Recoveries	53
4.18 Cost Sharing and Similar Charges	54
4.19 Payment for Services	57
iv	
TN No. M-H Supersedes Approval Date 8/5/87 TN No.	Effective Date 7/1/87

ALASKA	SECTION		P!	AG.	E	NUMBERS
4.20	Direct Payments to Certain Recipients for Physicians' or Dentist's Services					67
4.21	Prohibition Against Reassignment of Provider Claims					68
4.22	Third Party Liability					69
4.23	Use of Contracts					71
4.24	Standards for Payments for Skilled Nursing and Intermediate Care Facility Services					72
4.25	Program for Licensing Administrators of Nursing Homes					73
4.26	Drug Utilization Review Program		•			74
4.27	Disclosure of Survey Information and Provider or Contractor Evaluation					75
4.28	Appeals Process					76
4.29	Conflict of Interest Provisions					77
4.30	Exclusion of Providers and Suspension of Practitioners Convicted and Other Individuals		•			78
4.31	Disclosure of Information by Providers and Fiscal Agents		•			79
4.32	Income and Eligibility Verification System					79
4.33	Medicaid Eligibility Cards for Homeless Individuals	•				79a
4.34	Systematic Alien Verification for Entitlements					79b
4.35	Remedies for Skilled Nursing and Intermediate Care Facilities that Do Not Meet Requirements of Participation					79c
4.36	Required Coordination Between the Medicaid and WIC Programs					79d
4.37	Prescribed Drugs: Manufactures' Rebates			•		79f
4.39	Preadmission Screening and Annual Resident Review in Nursing Facilities					79s

TN No. 94-009Supersedes 9/-15Approval Date 9/21/94Effective Date 9/-15

Revision: HCFA-PM-87-4 (BERC) OMB No. 0938-0193 **MARCH 1987** 

SECTION	P	<u>A</u> C	1	NUMBERS
SECTION 5 - PERSONNEL ADMINISTRATION		•		80
5.1 Standards of Personnel Administration	•	•		80
5.2 RESERVED		•	•	81
5.3 Training Programs; Subprofessional and Volunteer Programs	_		_	82

vi

Supersedes TN No. \_\_\_

Approval Date 8/5/87 Effective Date

Revision:	HCFA-PH-87-4	(BERC)	<b>CMB No. 0938-0193</b>
	MARCH 1987		

SECTION	PAGE	NUMBERS
BECTION 6 - PINANCIAL ADMINISTRATION		83
6.1 Fiscal Policies and Accountability		83
6.2 Cost Allocation		84
6.3 State Financial Participation		85

vii

)

TH No. \$7-4
Supersedes Approval Date \$\frac{8\5\87}{100} \quad \text{Effective Date } \frac{7\(\left(\)87\)}{100}

Revision	: HCFA-PM-91- 4 August 1991	(BPD)								(	IMC	B 1	Ю.	. (	9:	38	-
	SECTION										<u>P/</u>	AGE	<u> </u>	<u>IUI</u>	<u>IBI</u>	ER	<u>3</u>
SECTION	7 - GENERAL PROVISIO	ons .				•		•									86
7.1	Plan Amendments			•	•				•				•				86
7.2	Nondiscrimination .				•												87
7.3	Maintenance of AFDC	Effort	•	•			•										88
7.4	State Governor's Rev	riew .															00

viii

TN No. 9/-/3
Supersedes Approval Date 4/10/92 Effective Date 10/1/91
TN No. 87-4 HCFA ID: 7982E

OMB No.: 0938-Revision: HCFA-PM-91- 4 (BPD) Page 1 AUGUST 1991 LIST OF ATTACHMENTS No. Title of Attachment Attorney General's Certification \*1.1-A Waivers under the Intergovernmental Cooperation Act \*1.1-B 1.2-A Organization and Function of State Agency 1.2-B Organization and Function of Medical Assistance Unit 1.2-C Professional Medical and Supporting Staff 1.2-D Description of Staff Making Eligibility Determination 2.1-A Definition of an HMO that Is Not Federally Qualified \*2.2-A Groups Covered and Agencies Responsible for Eligibility Determinations \* Supplement 1 -Reasonable Classifications of Individuals under the Age of 21, 20, 19 and 18 Definitions of Blindness and Disability \* Supplement 2 -(Territories only) \* Supplement 3 -Method of Determining Cost Effectiveness of Caring for Certain Disabled Children at Home

\*2.6-A Eligibility Conditions and Requirements (States only)

- Income Eligibility Levels Categorically \* Supplement 1 -Needy, Medically Needy and Qualified Medicare Beneficiaries
- Resource Levels Categorically Needy, \* Supplement 2 -Including Groups with Incomes Up to a Percentage of the Federal Poverty Level, Medically Needy, and Other Optional Groups Reasonable Limits on Amounts for Necessary
- \* Supplement 3 -Medical or Remedial Care Not Covered under Medicaid
- \* Supplement 4 -Section 1902(f) Methodologies for Treatment of Income that Differ from those of the SSI Program

\*Forms Provided

TN No. 97-/3 Supersedes 7-4 Approval Date 4/	//0/92_ Effect	ive	Date <u>/0///9/</u>
11 NO	HCFA I	D:	7982E

Revision: HCFA-PM-91-8 (MB)
October 1991

OMB No.: Page 2

-	_	
N	O	٠

## Title of Attachment

* Supplement 5 -	Section 1902(f) Methodologies for Treatment of Resources that Differ from those of the SSI Program
4 Gummlamant En	_
* Supplement 5a-	Methodologies for Treatment of Resources for
	Individuals With Incomes Up to a Percentage of
	the Federal Poverty Level
* Supplement 6 -	Standards for Optional State Supplementary
oupplomone o	Payments
* Supplement 7 -	Income Levels for 1902(f) States -
	Categorically Needy Who Are Covered under
	Requirements More Restrictive than SSI
* Supplement 8 -	<del>-</del>
- Supprement 6 -	Resource Standards for 1902(f) States -
	Categorically Needy
* Supplement 8a-	More Liberal Methods of Treating Income Under
	Section 1902(r)(2) of the Act
* Supplement 8b-	More Liberal Methods of Treating Resources
pupprement ob	
	Under Section 1902(r)(2) of the Act

• Supplement 9 - Transfer of Resources

\* Supplement 10- Consideration of Medicaid Qualifying

Trusts--Undue Hardship

\* Supplement 11- Cost-Effective Methods for COBRA Groups (States and Territories)

## \*2.6-A Eligibility Conditions and Requirements (Territories only)

* Supplement 1 -	Income Eligibility Levels - Categorically
	Needy, Medically Needy, and Qualified Medicare Beneficiaries

 Supplement 2 - Reasonable Limits on Amounts for Necessary Medical or Remedial Care Not Covered under Medicaid

\* Supplement 3 - Resource Levels for Optional Groups with Incomes Up to a Percentage of the Federal Poverty Level and Medically Needy

\* Supplement 4 - Consideration of Medicaid Qualifying Trusts--Undue Hardship

\* Supplement 5 - More Liberal Methods of Treating Income under Section 1902(r)(2) of the Act

\* Supplement 6 - More Liberal Methods of Treating Resources under Section 1902(r)(2) of the Act

\*Forms Provided

 $\overline{\text{TN No.}} = \frac{9/-/5}{\text{Supersedes}}$   $\overline{\text{Approval Date}} = \frac{3//3/92}{\sqrt{3}}$   $\overline{\text{TN No.}} = \frac{9/-/3}{\sqrt{3}}$ 

Effective Date \_\_\_

10/1/91

HCFA ID: 7982E

OMB No.: 0938-Revision: HCFA-PM-91-4 (BPD) Page 3 AUGUST 1991 Title of Attachment No. Amount, Duration, and Scope of Medical and Remedial Care and \*3.1-A Services Provided to the Categorically Needy \* Supplement 1 -Case Management Services Supplement 2 -Alternative Health Care Plans for Families Covered Under Section 1925 of the Act Amount, Duration, and Scope of Services Provided Medically Needy \*3.1-B Groups 3.1-C Standards and Methods of Assuring High Quality Care 3.1-D Methods of Providing Transportation Standards for the Coverage of Organ Transplant Procedures \*3.1-E 4.11-A Standards for Institutions 4.14-A Single Utilization Review Methods for Intermediate Care Facilities 4.14-B Multiple Utilization Review Methods for Intermediate Care Facilities Cooperative Arrangements with State Health and State Vocational 4.16-A Rehabilitation Agencies and with Title V Grantees Determining that an Institutionalized Individual Cannot Be 4.17-A Discharged and Returned Home \*4.18-A Charges Imposed on Categorically Needy \*4.18-B Medically Needy - Premium Charges Imposed on Medically Needy and other Optional Groups \*4.18-C Premiums Imposed on Low Income Pregnant Women and Infants \*4.18-D Premiums Imposed on Qualified Disabled and Working Individuals \*4.18-E Methods and Standards for Establishing Payment Rates - Inpatient 4.19-A Hospital Care

\*Forms Provided

TN No. 9/-/3 Supersedes 91-9 Approval Date 4/10/92 E1	ffective	Date /0//9/	
	CFA ID:		_

	Page 4
No.	Title of Attachment
4.19-В	Methods and Standards for Establishing Payment Rates - Other Types of Care  * Supplement 1 - Payment of Medicare Part A and B Deductible/Coinsurance
4.19-C	Payments for Reserved Beds
4.19-D	Long-Term Care Facilities, Including Intermediate Care Facilities for the Mentally Retarded.
4.19-E	Timely-Claims Payment - Definition of Claim
4.22-A	Requirements for Third-Party LiabilityIdentifying Liable Resources
4.22-B	Requirements for Third-Party LiabilityPayment of Claims
4.22-C	Cost-Effectiveness of Employer-Based Group Health Plans
4.32-A	Income and Eligibility Verification System Procedures: Requests to Other State Agencies
4.33-A	Method for Issuance of Medicaid Eligibility Cards to Homeless Individuals
4.34-A	Requirements for Advanced Directives Under State Plans for Medical Assistance
4.35-A	Criteria for the Application of Specified Remedies for Nursing Facilities
4.35-B	Alternative Remedies to Specified Remedies for Nursing Facilities
4.39-A	Categorical Determinations (PASSAR)

TN No. 94-669
Supersedes Approval Date 7/2//94 Effective Date 4///94
TN No.

Revision: HCFA-PM-91-4 AUGUST 1991

(BPD)

OMB No. 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

State/Territory:	ALASKA
Citation 42 CFR	As a condition for receipt of Federal funds under title XIX of the Social Security Act, the
430.10	Department of Health and Social Services (Single State Agency)
	submits the following State plan for the medical assistance program, and hereby agrees to administer

the program in accordance with the provisions of this State plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

Approval Date 4/10/92 Supersedes TN No. \_

HCFA ID: 7982E